SB/01 (10/05)

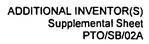
PTO/SB/02B attached hereto.

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number. Attorney Docket **DECLARATION FOR UTILITY OR** 16590-35 Number **DESIGN** First Named Inventor Albrecht MICHEL PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) **Application Number** Declaration Declaration Filing Date January 14, 2005 Submitted Submitted after Art Unit With Initial Initial Filing (surcharge 37 CFR Filing OR **Examiner Name** 1.16 (e) required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe that the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: HERBICIDE-RESISTANT PLANTS, AND POLYNUCLEOTIDES AND METHDOS FOR PROVIDING SAME (Title of the Invention) The specification of which is attached hereto 07/17/2003 as United States Application Number or PCT International was filed on (MM/DD/YYYY) PCT/US03/22295 and was amended on (MM/DD/YYYY) Application Number 01/14/05 (if applicable). I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part-applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. Certified Copy Attached? Foreign Filing Date **Prior Foreign Application Priority** Number(s) (MM/DD/YYYY) Not Claimed Country Yes PCT/US03/22295 PCT 07/18/2003 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional application 60/396,539 07/17/2002 numbers are listed on a 60/401,579 08/07/2002 supplemental priority data sheet



Direct all	1 23 1110 110 110 110 110 110 110 110 110 1			30565		OR	Correspondence			
correspondence to: with Customer N						address below				
Name		-								
Address										
City		State						ZIP		
Country	· )			phone				Er		
I hereby declare that information and belief willful false statements and that such willful fa	and the like so notes statements ma	nade are p ay jeopardi	i iururei nunisha	ble by f	ese ine c of the	staten er imp e appl	nents we risonme: ication o	re made nt, or bot r any pat	with th, und tent is	the knowledge tha der 18 U.S.C. 1001 sued thereon.
NAME OF SOLE OR I	A petition has been filed for this unsigned inventor.									
Given Name (first and middle [if any	All	lbrecht		Family Name or Surname		MICHEL		IEL		
Inventor's Signature Date							D.S	7/07/06		
Residence: City	Residence: City				Country			Cltizenship		
Stuttgart	Stuttgart				Germany				DE	
Mailing Address										
Rogenstrasse 16, D-70599										
City		State			ZIP				Country	
Stuttgart :					D-70599		Germany			
NAME OF SECOND INVENTOR:				A petition has been filed for this unsigned inventor.						
Given Name	e [if any])		an E.		amily Name or Surname		SCHEFFLER			
(first and middle (if any)										
	Inventor's							Date		
Signature						_		Date		
	esidence: City				Country			Citizenship		enship
Stoneville	MS			US			US			
Mailing Address								L	•	
PO 80x 168									_	-
City	State			ZIP			T	Country		
Stoneville		MS			38776		US			
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.										
:										

8 5000 E									ADDITIONAL II Supple	NVENTOR(S) mental Sheet PTO/SB/02A	
Name of Joint Inventor,	if any:		A pe	etition	has been	filed for this u	nsigned	inventor.			
Given Nar	Given Name (first and middle [if any])  Family Name or Sumame										
	Bria	an E.	-	SCHEFFLER							
Inventor's Signature								Date			
Residence	City	Oxford		State	e MS	Country	US		Citizenship	US	
Post Office Address	51 (	CR 228									
Post Office Address											
City	Oxfo	ord			State	MS	ZIP	38655	Country	us	
Name of Joint Inventor,	loint Inventor, if any:  A petition has been filed for this unsigned inventor.										
Given Name (first and middle [if any])					Family Name or Sumame						
	Michael D.						.AND				
Inventor's Signature	Mich P. Nett					5		Date	5/24/06		
Residence	City	Carme	<u> </u>	State		Country	US		Citizenship	US	
Post Office Address	9417	7 NW 63	rd PL								
Post Office Address											
City	Gair	nesville			State	FL	ZIP	32653	Country	US	
Name of Joint Inventor,	if any:		□ Аре	etition	has been	filed for this u	nsigned	inventor.			
Given Nar	lame (first and middle [if any]) Family Name or Sumame							-			
	Fran	ıck E.						DAYA	N		
Inventor's Signature			<u> </u>					Date			
Residence	City	Oxford		State	e MS	Country	US		Citizenship	US	
Post Office Address	512	Deer Cr	eek Drive								
Post Office Address											
City	Oxfo	ord		1	State	MS	ZIP	38655	Country	US	
Name of Joint Inventor,	if any:	·	A pe	etition	has been	filed for this u	nsigned	inventor.			
Given Nar	Given Name (first and middle [if any])  Family Name or Surname										
	Ren	ee S.		ARIAS DE ARES							
Inventor's Signature								Date			
Residence	City	Oxford		State	e MS	Country	US		Citizenship	US	
Post Office Address	801	Frontage	e Road, Ar	ot. 90	)3	. •	I,=				
Post Office Address											
City	Oxfo	ord		- (	State	MS	ZIP	38655	Country	US	





NAME OF JOINT INVENTOR, IF ANY:		A petition has been filed for this unsigned inventor.					
(first and middle [if any])	anck E.	Family Name DAYAN or Surname					
Inventor's Signature	7			Date	7/5/06		
Residence: City	State		Country	<u> </u>	Citizenship		
Oxford	мѕ		us		US		
Mailing Address		-	<u> </u>		<u> </u>		
512 Deer Creek Drive							
City	State		ZIP		Country		
Oxford	MS		38655		US		
NAME OF JOINT INVENTOR, IF ANY:		A petition has been filed for this unsigned inventor.					
Given Name (first and middle [if any])	nee S.		ly Name Irname	ARIAS DE ARES			
Inventor's Signature	~ <b>)</b>			Date			
Residence: City	State		Country		Citizenship		
Corvallis	OR		us		us		
Mailing Address	<u> </u>		L		·		
3200 S.E. Midvale Dr E205							
City	State		ZIP		Country		
Corvallis	OR		97333		us		
NAME OF JOINT INVENTOR, IF ANY:		A petition has been filed for this unsigned inventor.					
Given Name		Family Name or Surname					
(first and middle [if any]) Inventor's				Data			
(first and middle [if any]) Inventor's Signature			rname	Date			
(first and middle [if any]) Inventor's	State			Date	Citizenship		
(first and middle [if any]) Inventor's Signature	State		rname	Date	Citizenship		
(first and middle [if any]) Inventor's Signature Residence: City  Mailing Address			Country	Date			
(first and middle [if any]) Inventor's Signature Residence: City	State		rname	Date	Citizenship		
(first and middle [if any]) Inventor's Signature Residence: City  Mailing Address		or Su	Country		Country		
(first and middle [if any]) Inventor's Signature Residence: City  Mailing Address  City  NAME OF JOINT INVENTOR, IF ANY: Given Name (first and middle [if any])		A pet	Country		Country		
(first and middle [if any]) Inventor's Signature Residence: City  Mailing Address  City  NAME OF JOINT INVENTOR, IF ANY: Given Name (first and middle [if any]) Inventor's		A pet	Country  ZIP  ition has been filed y Name		Country		
(first and middle [if any]) Inventor's Signature Residence: City  Mailing Address  City  NAME OF JOINT INVENTOR, IF ANY: Given Name (first and middle [if any])		A pet	Country  ZIP  ition has been filed y Name	for this	Country		
(first and middle [if any]) Inventor's Signature Residence: City  Mailing Address  City  NAME OF JOINT INVENTOR, IF ANY: Given Name (first and middle [if any]) Inventor's Signature	State	A pet	Country  ZIP  ition has been filed by Name rname	for this	Country unsigned inventor.		
(first and middle [if any]) Inventor's Signature Residence: City  Mailing Address  City  NAME OF JOINT INVENTOR, IF ANY: Given Name (first and middle [if any]) Inventor's Signature Residence: City  Mailing Address	State	A pet	Country  ZIP  ition has been filed by Name rname	for this	Country unsigned inventor.  Citizenship		
(first and middle [if any]) Inventor's Signature Residence: City  Mailing Address  City  NAME OF JOINT INVENTOR, IF ANY: Given Name (first and middle [if any]) Inventor's Signature Residence: City	State	A pet	Country  ZIP  ition has been filed y Name rname  Country	for this	Country unsigned inventor.		

30565 ect all The address associated OR ☐ Correspondence TRADE correspondence to: with Customer Number: address below Name Address ZIP State City Email Telephone Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor. Given Name Family Name **MICHEL** Albrecht (first and middle [if any]) or Surname Inventor's Date Signature Citizenship Residence: City State Country DE Stuttgart Germany Mailing Address Rogenstrasse 16, D-70599 ZIP Country City State D-70599 Germany Stuttgart NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor. Family Name Given Name **SCHEFFLER** Brian E. (first and middle [if any]) or Surname Inventor's Signature | Citizenship Residence: City Country 48tate MS US US Stoneville Mailing Address PO Box 168 ZIP City State Country

MS

US

38776

Additional inventors are being named on the \_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Stoneville